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**REGISTERED PATENT AGENT

DATE: February 28, 2002

FACSIMILE COVER PAGE

OUR FAX # 949-450-1764

OUR TELEPHONE # 949-450-1750

TO: Examnier Susan Ungar, Ph.D.

YOUR FAX # 703-872-9306

FROM: Quan Nguyen

RE: USSN 08/482,402

THIS TRANSMISSION CONSISTS OF 4 PAGES INCLUDING THIS COVER PAGE.
PLEASE CONTACT **DAWN ZUNIGA** IF YOU DO NOT RECEIVE ALL OF THE PAGES.

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Dear Examiner Ungar;

Attached please find an amendment for the referenced application no. 08/482,402 in response to the office action dated November 30, 2001. Thank you for your consideration.

Quan Nguyen

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this correspondence is being facsimile transmitted to facsimile telephone number 703-872-9306 on Thursday, February 28, 2002.

Signed: _____

Sara Wyrens

Date: _____

2/28/02

AMENDMENT TRANSMITTAL LETTER

Docket: A1697div3

In re application of: Rapoport

Serial No.: 08/482,402

Examiner: Ungar

Filed: 06/07/1995

Group Art Unit: 1642

For: DISEASE ASSOCIATED HUMAN AUTOANTIBODIES SPECIFIC FOR HUMAN
THYROID PEROXIDASE

COMMISSIONER FOR PATENTS

Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established.☒ No additional fee is required.

The filing fee has been calculated as shown below:

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---------------------------------------|------------------|
| TOTAL | 4 | MINUS | 20 | 0 |
| INDEP. | 5 | MINUS | 5 | 0 |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | | |

SMALL ENTITY

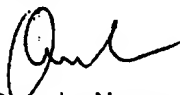
| RATE | ADDIT. FEE |
|---------------------|---------------|
| x 9 | 0 |
| x 40 | 0 |
| +135 | 0 |
| Total Addit. Fee | 0 |

OTHER THAN
SMALL ENTITY

| RATE | ADDIT. FEE |
|---------------------|---------------|
| x18 | -0- |
| x 80 | -0- |
| +270 | -0- |
| Total Addit. Fee | 0 |

☐ Please charge my Deposit Account No. 13-5135 the amount of \$_____, in payment of a one month extension of time fee and the above claim fees.☐ A check in the amount of \$_____ is attached.☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-5135.☒ Any additional filing fees required under 37 CFR 1.16.☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Quan Le Nguyen
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February 28, 2002

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